

**MEMBERSHIP RENEWAL APPLICATION**  
**July 1, 2011 to June 30, 2012**

**Payment Due: July 1, 2011**

**Amount Enclosed: \$\_\_\_\_\_**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Have your gross annual sales changed? Yes \_\_\_\_\_ No \_\_\_\_\_

_____ Exempt, non-profit organization	No registration fee
_____ Gross annual sales \$0 - \$10,000	\$ 10
_____ Gross annual sales \$10,001 - \$50,000	\$ 35
_____ Gross annual sales \$50,001 - \$100,000	\$ 50
_____ Gross annual sales \$100,001 - \$250,000	\$100
_____ Gross annual sales \$250,001 - \$500,000	\$150
_____ Gross annual sales more than \$500,000	\$200

**Tracking Program Success**

Please answer the following questions. This information is critical to us to track overall program success.  
Your answer **will not** be individually reported and will be kept **confidential**.

Do you use the SSfW™ logo on your products, company literature, advertising, website, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain why not: \_\_\_\_\_

Do you believe your participation in the SSfW™ program has increased your sales? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, by what percentage have your sales increased during the past year? % \_\_\_\_\_

Have your product labels changed? \_\_\_\_\_ Yes \_\_\_\_\_ No Include a sample or send an electronic file of any new labels.

**Comments:**

**To mail in your renewal application and fee payment send it to:**

WISCONSIN DEPT OF AGRICULTURE, TRADE & CONSUMER PROTECTION  
PO BOX 93178  
MILWAUKEE, WI 53293-0178

**Questions:** Tel: 608-224-5124 Fax: 608-224-5111 Email: [datcpssfw@wi.gov](mailto:datcpssfw@wi.gov)

**For credit card payments complete this section:**

DISCOVER \_\_\_\_\_ MASTER CARD \_\_\_\_\_ VISA \_\_\_\_\_

Name as it Appears on the Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ \ \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address if Different:: \_\_\_\_\_

\_\_\_\_\_

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I certify that the above information is complete and correct to the best of my knowledge.

The 2010 - 2011 Something Special *from* Wisconsin™ membership renewal application reflects true and correct information to the best of my knowledge. I have made any appropriate changes and enclosed or electronically filed product labels if applicable.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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